

## STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses

7 Statement of Income and Expens for LOBBYISTS (RSA Chapter 15)

### **RECEIVED**

PLEASE PRINT

APR 12 2017

I. Name of Lobbyist(s) Kevin Bourd	que		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, fir	m or corporation, if a	ny:	
N/A			
(Name of partnership, fir	m or corporation)		
125 Washington Street, Suite	1 Foxboro	MA	02035
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(508) 698-4994	(508) 698-4990	e-mail kbourque	@phrma.org
(Telephone)	(Fax)		
III. This statement covers: (Choose on reportable expense transactions which All reportable transactions occurring	are not attributable	to any one client).	
Pharmaceutical Research and			
		bbbyist Registration Form)	
OR	ent as it appears on the Le	ooyist Registration Form)	
☐ All reportable transactions by the lob unrelated to any particular client.	byist (including the lob	byist's family), or the lobby	ring firm listed below which are
IV. Date of Report April 26, 2017 Reports cover: activity from date of regi		July 26, 2017 activity from 4/1/17 to 6/30.	/17
October 25, 201 activity from 7/1/17		January 31, 2018 [ activity from 10/1/17 to 12	
V. There have been no fees receive If this box is checked, complete just this Concord, NH 03301.			
VĮ. Check if additional reports are att	ached:		
If you have received fees or made en	openditures, you must f	ile <b>Addendum A</b> – Fees and	l Expenses
☐ If you have paid an honorarium or re Expense Reimbursement	eimbursed expenses, yo	ou must file Addendum B-	Report of Honorariums or
☐ If you, your firm, or your family has	made political contrib	utions, you must file Adden	ndum C- Political Contributions
Sworn Statement/Affirmation by Lob I have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowled (Signature of loubyist) Kevin Bourque	-C and RSA 664 and h	_	ne foregoing information is true
(Print Name of lobbyist)			

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#### STATE OF NEW HAMPSHIRE



#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Kevin Bourque	
II. Name of lobbyist's partnership, firm or corporation, if any:	
N/A	
(Name of partnership, firm or corporation)	
III. Name of Client Pharmaceutical Research and Manufacturers of America (PhRM.	A) Date 4/7/2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grareduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ <u>564.28</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0.00</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>564.28</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$ 0.00
in a), of \$25 or less.	b) \$ 3.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 3.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 0.00
f) Total of all expenses year to date	f) \$ 3.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
	4/10/17
(Signature of lobby st)	(Date)
Kevin Bourque (Print Name of Johnwist)	
(Print Name of lobbyist)	

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Kevin Bourque
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Pharmaceutical Research and Manufacturers of America (PhRMA)
Date of Report (check one):
April 26, 2017 ☑ July 26, 2017 □ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
1 Addendum A(s).
0 Addendum B(s).
O Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobbyish)  (Date)